

FAMOUS WOMEN

T E S T O W E S M I T H S
 T T U U L N A M B U T I S
 O E S U N N O T R A B V M
 C W C B L A C K W E L L A
 L E A R H A R T L E P X D
 A N R L E N O T S O S C D
 C N A O K R R E N O W T A
 R N O C O E E F F E E K O
 A O R S N S R P N T P O J
 N S H I I U E A P I E A C
 T K A P D R D V T O C F A
 H I D D L E R C E K H R R
 O R D A I O H O S L O R S
 N D B R E E D O M S T A O
 Y I F M R M N U S M V T N
 T D O A K L E Y R A W S S

Addams, (Jane, social work)
 Alcott, (Louisa May, author)
 Anthony, (Susan B., Suffragette)
 Barton, (Clara, Red Cross)
 Blackwell, (Elizabeth, medicine)
 Carson, (Rachel, environmentalist)
 Didrikson, (Babe, athlete)
 Duncan, (Isadora, dance)
 Earhart, (Amelia, aviation)
 Friedan, (Betty, feminist)
 Hopper, (Hedda, columnist)
 Jackson, (Mahalia, singer)
 Low, (Juliette, Girls Scouts)
 Luce, (Clare Booth politics)
 Mead, (Margaret, anthropologist)
 Morrison, (Toni, author)
 Oakley, (Annie, markswoman)

O'Keeffe, (Georgia, artist)
 Pitcher, (Molly, U.S. Revolution)
 Reno, (Janet, politics)
 Ride, (Sally, astronaut)
 Roosevelt, (Eleanor, diplomat)
 Ross, (Betsy, flag maker)
 Rudolph, (Wilma, athlete)
 Smith, (Bessie, singer)
 Starr, (Belle, outlaw)
 Stone, (Lucy, abolitionist)
 Stowe, (Harriet Beecher, author)
 Tubman, (Harriet, Underground Railroad)
 Walker, (Maggie, banking)
 West, (Mae, actress)

Do you know what to do when a patient, visitor or caller makes a complaint?

The Customer Service Committee is trying to make it easier for you to answer that question by changing the policy that guides employees on the complaint process.

The answer to the question is a simple step-by-step system that is really just common sense.

Let's say a patient makes a complaint about the room being too noisy. If you can solve the patient's problem by identifying the source of the noise, (*a squeaky cart, a patient with too many visitors in the next room, your colleagues being too loud in the hallway and you correct the problem*) - **and** the patient is satisfied with the result, then you are done. Congratulations! You have solved the patient's problem.

If however, the patient is still unhappy or you do not have the authority to fix the problem, then you call your immediate supervisor. Explain the problem to your supervisor, assist further, if requested.

If your manager, after doing everything possible to remedy the situation, also cannot satisfy the patient, then the manager should call the hospital operator by dialing "0" and ask for the customer service representative. The customer service representative will take a formal complaint, seek information from all interested parties and attempt to solve the problem or refer the problem to the person who can best address the particular issue.

Sometimes, the complaint comes by phone, or someone just shows up and announces they want to file a complaint about something. If the complaint is about your department, use the same process as above. If not, call the operator for the Customer service representative.

Our goal is solve problems where they occur. Our expectation is that every Tyler employee will assist anyone who offers a complaint.

Under no circumstances should someone with a complaint be told that the person they want to see is not available, or to come back or call later. Call the operator for the representative.

Any questions regarding the complaint process should be directed to Gladys Bernet at 301.

TYLER *Times*

A publication for the employees of Tyler Memorial Hospital

March 2007

Coming This Spring...

The excitement is building as Tyler prepares to welcome two, new physicians to the medical staff. According to Diana Noreika, director of physician staff services, **Dr. Art Asrian**, a general surgeon, will be starting at Tyler in mid-March.

He will be the first physician to occupy the recently carpeted and painted, fourth floor, which, until last fall, was occupied by Geisinger physicians. Dr. Asrian is a member of The American Society of Colon and Rectal Surgery, as well as, the American College of Surgeons. He comes to us from from West Virginia.

Dr. Ramesh Shah, a pulmonologist, (*specializing in conditions of the respiratory system*) will begin practicing at Tyler in early April. Dr. Shah will also have an office on the fourth floor. The Kingston, PA resident is board certified by the American Board of Internal Medicine, with a subspecialty of Pulmonary, and is a Fellow of the American College of Chest Physicians. Dr. Shah comes to us from the Wilkes Barre VA Medical Center.

Watch for more information about these physicians next month.

What's new at Tyler

Last Tuesday afternoon, the Tyler Times sat down with Raoul Walsh, Tyler president and CEO, for an update on what is new at Tyler.

TT: *What is happening with the Emergency Department renovation?*

Walsh: The architects made a presentation to the board on February 26. The board requested the architect develop an estimate for the new ED and all the changes necessary to other areas on the first floor. I think we will have the project clearly defined and a price tag by next month.

TT: *What is new in our relationship with Geisinger?*

Walsh: We continue to have regular conversations with Geisinger about a variety of program opportunities. Our first venture in Chemo seems to be going well. The volumes are beginning to pick up and I feel encouraged about this whole area of service to our community.

TT: *What are some of the best things that have happened at Tyler recently?*

Walsh: Well, obviously we are all happy with the results of the recent DOH (*Department of Health*) survey. The DOH saw a significant improvement in a number of areas and that is great news for us all. I think we are in pretty good shape.

TT: *How are we progressing in moving toward computerizing our patient records?*

Walsh: Denise (Gieski) and her team are working with our physicians on the benefits this process will bring to Tyler. Some patient information, such as vital signs and intake and output, that was previously available at bedside, is now entered electronically and accessed through the computer by our medical staff. It's a first step that we hope will lead to a better flow of information for all caregivers.

In a related project, Pharmacy is very pleased with the smooth integration of their computerization with nursing.

Denise Gieski, the administrator on call the day of the fire in the OR offers thanks to everyone who helped. Special thanks to Triton Hose Company.



What's Inside

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NURSES' NOTES

Denise Gieski, RN vice-president of nursing

ALLERGY DOCUMENTATION

As you already know, our allergy policy has gone through several revisions recently. This was due, in part, to our new Color of Safety – color coded wristband initiative.

The most recent revision to the policy went into effect March 1st. Starting this month, we will be documenting the patient's allergy information in the patient's electronic record, under the Allergy Button.

Nurses will continue to obtain allergy information in the same way, but will only put the information in one spot. The patient's allergy information can be printed from the electronic record, and placed with the medex (for inpatients) or with the patient's paper chart (for outpatients).

Remember to put the printed copy in front of the patient's chart if the patient goes to the OR. In addition, if the patient develops a new allergy during their stay, or gives

the nursing staff additional allergy information, the allergy information in the electronic record must be updated. A new print out should be obtained, and the original print out should be placed in the patient's paper chart, with a sticker on the bottom indicating that the form has been updated. If you have any questions about the revisions to the policy, please ask your Nurse Manager or Nursing Supervisor.

DEPARTMENT SPOTLIGHT/PERFORMANCE IMPROVEMENT

Next month we will begin showcasing various departments. An overview of the department, types of services provided, and some of the performance improvement activities they are working on will be presented.

Thanks to Diane Baker for the idea of sharing what goes on in each department with the rest of the hospital.

Quality Corner

Brenna Evans, RN director of quality

Quality Initiatives

Over the last several years quality specific to health-care has become a priority for many, including the Centers for Medicare and Medicaid (CMS). So much a priority for CMS that to receive the maximum reimbursement we are eligible for, we must commit to participate with the Quality Initiatives which they have set forth.

There are three components to the initiative for the fiscal year 2007. They include measuring patient satisfaction, mortality, and clinical measures. This article will address the clinical measures.

CMS has developed a total twenty-one clinical measures related to three diagnoses for which we must collect and submit data. Once the data is collected CMS benchmarks it with both statewide and national averages. Currently the financial incentive to receive the reimbursement is based solely on participation. However, CMS has indicated that within the next several years reimbursement will also be linked to the improvement that organizations are able to make.

Currently the clinical measures apply only to inpatients that are discharged with the primary diagnosis of Congestive Heart Failure, Acute Myocardial Infarction, or Pneumonia. This month I will outline the measures for Congestive Heart Failure.

The measures for patients with Congestive Heart include the following:

* **Discharge instructions:** Upon discharge the patient must be educated in the following five areas:

- # weight gain
- # diet

- # activity level
- # signs & symptoms which indicate the need to contact the physician
- # when to follow up with their physician

* **LVF Assessment:** The patient's medical record must contain documentation of the left ventricle function (LVF) of the patient's heart. The documentation must either be by the physician or contained in the results of a diagnostic study.

* **ACE1 or ARB for LVSD:** Unless contraindicated, the patient should receive medication from one of these two categories.

* **Smoking Cessation Advice/Counseling:** If documentation indicates the patient smokes, the patient is to receive smoking cessation advice from any healthcare provider during their hospital stay.

We are currently in the process of improving compliance with the LVF Assessment indicator. The average compliance rate for this measure was 47%. An improvement process was initiated which began December 1st. Since then compliance has risen to 72%.

The improvement is due to both the physicians providing the necessary documentation and the Case Managers, who provide the physician with a reminder if the documentation is not present. So hats off to both the physicians and Case Managers for their efforts towards improvement with this indicator. Keep up the good work! Let's try to exceed the state average of 87%.

Next month I will discuss the indicators for Pneumonia and current areas of improvement.

STAFF EDUCATION

THANKS TO ALL FOR THE PARTICIPATION ON HOODIE HOO DAY

LUNCHTIME LEARNING

MARCH 5, 2007

BATTLING SUPERBUGS - MRSA -VRE (REPEAT)

7:30AM, 11:30AM, 12:30PM, & 2 PM

MARCH 12, 2007

THE FAT FACTS

11:30 AM & 12:30 PM

COMMUNITY EDUCATION

MARCH 27, 2007

"A CHILDS EYES"

7 PM

TUNKHANNOCK LIBRARY



Congratulations to the following employees who were **CAUGHT IN THE ACT:**

February

Carl Androkitis

Dianne Bunnell

Helene Entenmann ✓

Dorothy Gilroy

Penny Biscotti

Pamela Shields

Mary Ann Place

OR Staff

Frank Doyle

Nursing Staff

✓ Denotes winner

Pease welcome these new employees to Tyler. 🍀

Harvey, Sherry, RN, *Med/Surg*

Sorensen, Bethany
Dir of PT

Khalife, Tracey, *Pharmacist*

Ayers-Bennett, Chakil
Dietary

Tefft, Melissa, *Surgical Serv*

Banta, Breanne, *HIM*

Schwartztrauber, Stacey
Occucare

Jones, Kimberlee
Housekeeping

Daylight saving-time
begins March 11

Set your clock ahead one
hour by 2 a.m. on Sunday

